

WA

288

N532h

1943

Home Safety Manual for Public Health Nurses



NEW YORK STATE DEPARTMENT OF HEALTH
ALBANY, N. Y.

EDWARD S. GODFREY, JR., M.D., COMMISSIONER

1943

WA
288
N532 h
1943
c.1

CONTENTS

	PAGE
FOREWORD.....	1
ACCIDENTS VS. DISEASE.....	2
HOME ACCIDENTS IN NEW YORK STATE 1942.....	3
TEACHING HOME SAFETY.....	4
METHODS OF APPROACH	
Faulty Design of the House.....	5
Disrepair or Neglect of Maintenance.....	6
Dangers in Wiring and Electrical Appliances.....	7-8
Lack of Skills.....	9
Poor Housekeeping and Disorder.....	10
Poor Habits and Attitudes.....	11
Protection for Children.....	12-15
Protection of the Aged.....	16-17
Personal Factors Which Predispose to Home Accidents.....	18
TEACHING DEVICES	
Suggestions for Use.....	19
Common Home Hazards—Check List.....	20
Family Safety Council.....	21
Cartoons	18, 19, 22-23
ORGANIZATION AND GROUP TEACHING	
Community Safety Program.....	24
Organization of Home Safety Conference.....	25
Training Available in Home and Farm Accident Prevention.....	26
Educational Material for Use in Home and Farm Safety Programs	27
References.....	28-29
Suggested Outline for Home Safety Discussion.....	30
Suggested Home Safety Pledges.....	31
Organization Chart of National, and New York State Home and Farm Safety Work.....	32

FOREWORD

Home accidents in New York State exceed, by more than one third, motor vehicle accidents which are five times as frequent as are occupational accidents.

An accident is an unforeseen, unpremeditated event, but not unpreventable.

Industry has foreseen many of its accident hazards and has used mechanical safeguards together with the education of employees to combat accidents in the plant. Extensive education combined with effective legislation had helped to reduce motor vehicle accidents even before driving was curtailed.

Accidents in the home and in connection with farming, however, have had very little attention. The mounting fatalities finally have aroused the Nation. Concurrent with the organization of the national program, New York State set up a program under the leadership of the Division of Public Health Education of the State Department of Health. (See chart of national and state organization on page 32.)

The main objectives of the state program are:

- 1) To call attention of the public to the seriousness of the home and farm accident situation
- 2) To mobilize strong forces to combat home and farm accidents through widespread education
- 3) To provide materials, program aids, and a field service for the promotion of education in home and farm safety.

The war has emphasized the seriousness of accidents since they reduce manpower which is needed for the production of materials and food. More than twice as many workers are killed in their homes as in their occupations. Accidents in the home as well as accidents in the plant sabotage the war effort.

Within the next year, in New York State, at the present rate, an accident will occur in every seventh home and among the many who are injured more than 3,000 will surrender their lives needlessly.

As a guide to the educational approach we find that home accidents may be classified under six major headings: (1) Faulty design of the house; (2) Disrepair or neglect of maintenance; (3) Poor housekeeping and disorder; (4) Lack of skills—not knowing how to do things; (5) Poor habits and attitudes; (6) Failure to protect children, the aged, and the handicapped.

Public health nurses accustomed to control disease by means of immunization, will realize that the only immunization against accidents is education. Widespread instruction and discussion are needed in schools, among organizations and with housewives in the homes. Although many individuals and agencies are at work in the field of home safety the direct approach to the home can best be undertaken by the public health nurses. It is hoped that this manual will be of assistance in outlining the approach both to the home and to the community.

BURT R. RICKARDS, *Director*
Division of Public Health Education

Accidents vs. Disease

(NEW YORK STATE, 1941)

ONLY 3 DISEASES KILL MORE THAN ACCIDENTS

AGES 2 TO 24—Accidents kill more than any disease

AGES 2 TO 34—Accidents kill more males than any disease

AGES 1 TO 4

Accidents most important cause of death. Pneumonia was second—only three fifths as many deaths as accidents.

AGES 5 TO 9

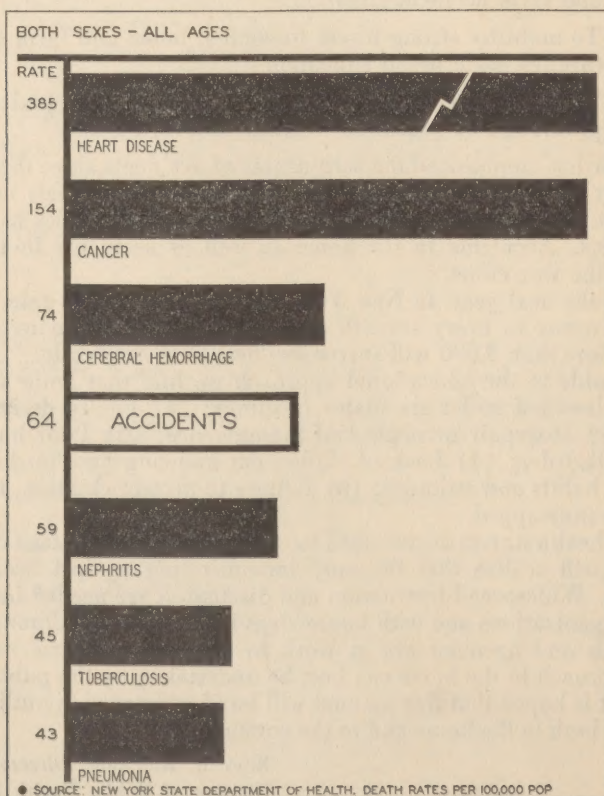
Accidents most important cause of death—four and one-half times as many deaths as heart disease, the second cause.

AGES 10 TO 14

Almost twice as many deaths from accidents as from the second cause—heart disease.

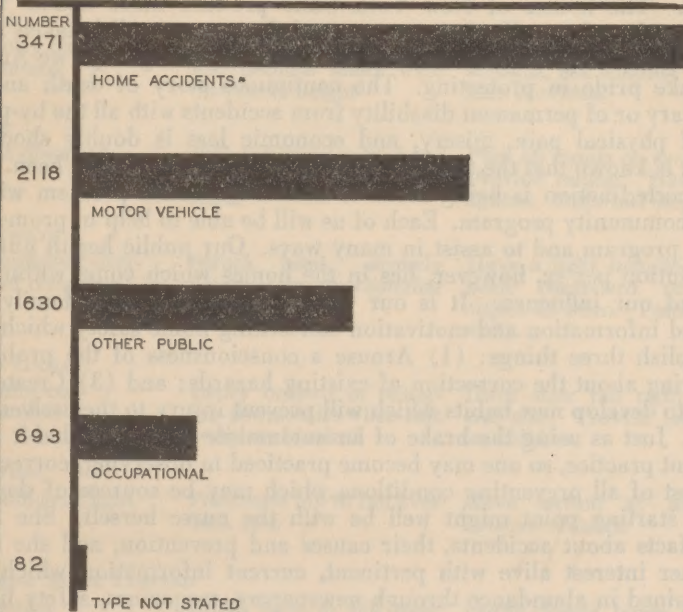
AGES 15 TO 19

Accident deaths most numerous. Tuberculosis was second—only three fifths as many deaths as accidents.



1942 DEATHS FROM ACCIDENTS NEW YORK STATE

TOTAL.....7994



*INCREASE OF 146 OVER 1941

Home Accidents in New York State—1942

	All Ages	Under 5 Years	5-14 Years	15-24 Years	25-44 Years	45-64 Years	65 Years and Over
Total	3,471	307	101	62	323	612	2,066
Falls	2,258	40	13	13	104	343	1,745
Conflagrations, burns, explosions	425	69	40	12	81	89	134
Poisonous gas.....	313	4	6	18	55	108	122
Mechanical suffoca- tion	118	108	1	1	4	2	2
Poisoning	63	11	5	1	25	17	4
Firearms	31	..	9	4	9	4	5
Unclassified.....	263	75	27	13	45	49	54

TEACHING HOME SAFETY

An Opportunity of Importance for Public Health Nurses

The prevention of home accidents is a public health problem and as much a responsibility of the public health nurse as the prevention of disease. The homes of New York State produce more deaths from accidents than from all other sources, and the greatest toll is taken from among our young children and our old folks, the two groups we Americans take pride in protecting. The continuous story of death and of temporary or of permanent disability from accidents with all the by-products of physical pain, misery, and economic loss is doubly shocking when it is known that the tragedy in the story need never have been.

Concerted action is being made to attack the entire problem with a broad community program. Each of us will be able to help in promoting such a program and to assist in many ways. Our public health nursing contribution per se, however, lies in the homes which come within the scope of our influence. It is our part to know that each family has received information and motivation concerning home safety which will accomplish three things: (1) Arouse a consciousness of the problem; (2) Bring about the correction of existing hazards; and (3) Create the desire to develop new habits which will prevent injury to themselves and others. Just as using the brake of an automobile becomes a habit after sufficient practice, so one may become practiced in observing, correcting, and best of all preventing conditions which may be sources of danger.

The starting point might well be with the nurse herself. She must know facts about accidents, their causes and prevention, and she must keep her interest alive with pertinent, current information which can be obtained in abundance through newspapers, magazines, safety literature, or personal experience. She must train herself to become sensitive to conditions so that she never will fail to observe potential hazards quickly and accurately. She must herself develop safe work habits—use of the right tool, never to climb on anything unsafe, to make small rugs nonskid, and in brief to learn to do what she would have others do. As her knowledge of skills develops she will be gathering a wealth of economical and practical ideas and possibly some intriguing gadgets to aid her in her teaching of others. Who does not like to know of new ways of doing things, where otherwise they might not be receptive to criticism of housekeeping methods?

The results of self-learning and of teaching should be capable of measurement. No preventable accident should be sustained by the nurse herself, and at least a reduction of such accidents should be demonstrated in homes where she has given instruction.

Knowledge of her subject, powers of observation, the ingenuity to offer economical and practical solutions to existing problems and the ability to help others to help themselves are the well-known tools of the public health nurse. They have aided her in doing her part in saving life from diphtheria and from enteritis in infants. There is every reason to believe that these same tools will be effective if applied to the problem of preventing accidents in the homes of our State.

MARION W. SHEAHAN, *Director*
Division of Public Health Nursing

METHODS OF APPROACH

FAULTY DESIGN OF THE HOUSE

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
STAIRS		
Faulty construction	Fell and fractured clavicle because stairs were uneven in height	Stairs should be uniform, straight, not winding. Handrails provided.
STEPS		
Not observed	Fell, fractured ankle bone on step to lower level room	Plan all rooms on same level. Provide railing. Have steps lighted. Paint last step white.
STAIRWAYS		
Insufficient overhead clearance	Struck head, severely bruised on overhanging beam	Have a light installed. Suspend cardboard or other object to warn. Paint beam white.
STAIR RAILS		
Faulty construction	Badly bruised in plunging down stairs when lost grasp on handrail	Have stair rail right height and size. Provide lower rail for children.
LIGHTING		
Insufficient light	Fractured hip in fall over dark step	Have switch at top and bottom of stairs.
STORAGE SPACE LIMITED		
Disorder	Broke nose in fall over roller skates	Install closets, boxes, shelves, cupboards.
KITCHEN		
Faulty planning of space	Curtains caught fire from stove placed too close to window	Change arrangement if possible. Keep window closed. Dispense with curtains or tie back securely.
EXITS		
Too few	Cut off from escape when gas stove exploded	Provide two exits from kitchen and all other rooms.
DOORWAYS		
Too near steps or stairways	Instantly killed when misjudged distance between exit of room and top of stairs	Have ample landing between head of stairs and doorway.
Too close together	Fell down basement stairs when mistook entrance for that of adjoining room	Identify stairway, doorway.

DISREPAIR OR NEGLECT OF MAINTENANCE

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
STAIRS		
Defective covering	Fractured nose from fall when heel caught in loosened metal edging	Repair or remove defective edgings or coverings.
STEPS AND SIDEWALKS		
Ice	Arm injured — amputation later was necessary from fall on ice covered steps	Prevent eavespouts draining on steps and sidewalks. Remove ice immediately. Use salt, ashes or a board covering.
FLOOR COVERINGS		
Linoleum slippery, cracked, worn	Severewound when struck head against stove in fall	Recoat surface with nonslip wax. Tack down or patch leaving no uneven edgings.
SCREENS		
Fastening insecure	Child badly bruised from fall out of second story window when screen gave way	Keep in good repair. Securely fasten with nails or hooks too stiff for little fingers to loosen.
CUPBOARD DOOR		
Sharp corner	Injury causing loss of eye when bumped against corner of open door	Ease stubborn doors so that they close and open freely. Change location or remove door if a hazard.
LOOSE PLASTER		
Falling on occupant of room	Injury to head — broken eyeglasses	Tape plaster up as soon as crack appears while awaiting replastering.
BROKEN CHAIR RUNGS		
Collapse of chair	Bruises and spine injury	Discontinue use until repaired.
PORCH		
Railing broken	Hip injury — railing gave way when leaned against	Put up warning until railings can be renewed or repaired.

DANGERS IN WIRING AND ELECTRICAL MAINTENANCE

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
ANY APPLIANCE		
Using appliances in damp location or where user is in contact with plumbing	<p>Person received shock from handling connecting cord with wet hands</p> <p>Individual electrocuted in bathtub when attempting to adjust electric heater</p>	Avoid use of portable heaters, curling irons, radios, etc., in bathroom because water, plumbing, damp surfaces there make shock hazard extremely great. In any location avoid handling appliances when person is also in contact with any plumbing fixtures.
Overloaded circuit	A fire resulted from an overloaded circuit when fuse failed to blow	Appliances should be connected only to appliance outlets and not to light sockets. If a number of appliances are used, connect them to outlets that are on different circuits.
Adjusting when in operation		Do not attempt to adjust, oil, or clean any electrical appliance while it is connected to the electricity supply. Even though the appliance has a switch to control its operation, pull the plug.
FUSES		
Using fuses of too great capacity	Fire caused by overheated wires	Use only Underwriters' Laboratories approved fuses of the correct rating for each circuit. Find trouble caused by blowing of fuses, before replacing. Do not use any object as substitute for fuses.
CORDS		
Frayed, leaving wire exposed	Shock to child playing around lamp, caused by metal lamp frame made "alive" by worn cord	Discard badly worn cords. If outer surface of cord is frayed, several layers of electrician's tape around the cord usually will make a safe repair. Use only cords bearing approval of Underwriters' Laboratories. Never pull on a cord. Disconnect by grasping plug. Avoid use of long cords under rugs or furniture.

DANGERS IN WIRING AND ELECTRICAL APPLIANCES

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
WASHING MACHINES		
Inattention	Arm drawn into wringer by loose sleeve. Child's arm caught in wringer	Do not wear loose, flowing clothing that may be caught in the wringer rolls. Keep children away.
Improper installation	Shock while operating	Keep in good repair. Any indication of shock while operating requires immediate attention. Washing machines and ironers can be made safer for use in damp surroundings by electrically grounding "their frames." Have an electrician do this.
ELECTRIC IRON		
Overheating	Fire caused by connected iron left on ironing board while answering telephone call	Disconnect and put on stand when called away.
HEATER		
Overturning	Fire caused by heater too close to wall	Put in safe place, away from walls, and curtains. Disconnect when leaving room. Keep children away.
ELECTRIC FAN		
Whirling blades	Cut hand in blades	Place in safe position. Shut off fan to move it. Select fan with adequate guard for blades or one with rubber blades.
HEATING PAD		
Overheating	Burned when asleep with pad on "high"	Remove and disconnect before falling asleep. Don't apply heating pad to a helpless person (an infant, an invalid, a sleeping or unconscious person) unless carefully attended and under medical supervision. Don't use pins or other metallic means to fasten a pad in place. Keep pad always dry even if the moisture resistant covering is in place. Renew such moisture resistant covering if it shows any sign of deterioration.

LACK OF SKILLS

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
WAXING		
Floor left slippery	Broken arm from fall	Wax lightly. Rub in well.
MOPPING		
Hot water	Child scalded by falling into pail of boiling water	Never leave a pail of hot water on floor — unguarded.
CLEANING BATHTUB		
Left slippery	Fell, cut foot on glass fixture	Cleanse properly to remove soap.
HANGING CURTAIN		
Used a substitute for ladder	Broken hip resulted in fall from rocking chair	Use a well-built ladder, in good repair. Wear low, firm heels. Have no loose hems in skirt or slacks. Move cautiously.
KNIVES		
Misuse	Badly cut when knife slipped	Hold knife blade away from body when cutting.
COOKING		
Steam	Burns resulted when cover was removed from boiling liquid	Stand back at arms length before removing lids.
STARTING FIRES		
Burns, fires	Child severely burned when starting fire with kerosene as she had seen her mother do	Do not use kerosene to start or quicken a fire. Do not use too much paper for fear of a chimney fire.
CANNING		
Bursting jars	Narrowly escaped injury from broken glass when hot jars were set on top of hot oven	Set hot jars on several thicknesses of cloth on kitchen table.
FOOD PRESERVATION		
Botulism	Deaths from eating home-canned spinach	Use pressure cooker for non-acid vegetable canning. If any other method is used, boil for fifteen minutes before serving, or even tasting.
Food storage	Severe intestinal upset from eating infected food	Use care in quickly cooling all perishable foods.
HEAVY LIFTING		
Improper position	Back strained when moving sack of flour to flour bin	Bend knees — keep back straight.
DRY CLEANING		
Explosion	Instantly killed in explosion which occurred when dry cleaning curtains indoors	Send articles to dry cleaners or use noninflammable cleaning fluids. Never do dry cleaning indoors.
GAS APPLIANCES		
Leaking gas	Asphyxiated because of escaping gas	Adjust flame properly. Have gas leaks repaired immediately. Repair or replace loose burner cocks.

POOR HOUSEKEEPING AND DISORDER

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
TIN CANS		
Sharp edges	Palm of hand injured when using makeshift can opener	Use efficient can opener. Dispose of cans safely.
BROKEN GLASS		
Sharp edges	Hand cut when emptying basket containing glass	Wipe up floor with flannel cloth or absorbent paper. Wrap in heavy paper — tie securely. Label—broken glass.
COOKING UTENSILS		
Pan handles	Severely scalded from boiling water when projecting handle caught in apron strings	Always turn pot handles in.
KNIVES		
Out of place	Cut when reaching in crowded drawer for knife	Keep knives in rack or wide-mouthed glass jar where they can be seen.
CIGARETTES		
Failure to extinguish	House burned down from fire from cigarette thrown in waste basket	Extinguish thoroughly. Never throw in a waste basket.
OILY RAGS		
Stored carelessly	House burned — spontaneous combustion, caused by oily rags	Store oily rags in covered metal containers.
NEWSPAPERS		
Stored on damp floor	Bottom papers of large heap in damp garage, found charred, ready for spontaneous combustion	Do not accumulate. Make a rack to keep off damp floor.
FIREARMS		
Left loaded and easily accessible	Hand shot away when loaded gun was dropped	Unload before bringing into house. Store in locked cupboard.
BOTTLES		
Breakage	Hand cut when bottle, into which boiling water was poured, broke	Put a silver knife or spoon in bottle before filling with boiling water.
POISONS (MEDICINAL)		
Accidental use	Child poisoned by swallowing sleeping pills for candy	Keep all medicines in separate locked cabinet — out of reach of children. Dispose of left-over medicines.
POISONS (INSECT AND RODENT)		
Accidental handling or swallowing	Child died after swallowing ant poison	Keep out of reach of children. Use traps and nontoxic products rather than poisons.
POISONS (CLEANING)		
Accidental use	Child swallowed lye	Keep on high shelf or in cupboard. Mark plainly.
POISONS (FOOD)		
Lack of cleanliness	Severe intestinal upset from eating infected food	Always wash hands before preparing food. Avoid handling food if you have any infection.

POOR HABITS AND ATTITUDES

<i>Type and Hazard</i>	<i>Accident</i>	<i>Prevention</i>
CLOTHING		
Inappropriate	Burned to death in lighting oven when fluffy negligee caught fire	Wear short sleeved house dress without puffed pockets, or loose strings, or bow.
"AT EASE"		
Tilting chair	Concussion suffered when tilted chair slipped and occupant fell off porch	Never tilt back on two legs of a chair.
SMOKING		
Falling asleep	Infant suffocated from smoke and fumes when mother fell asleep with lighted cigarette while nursing infant	Extinguish cigarette before lying down. Do not smoke in bed while nursing infant.
RAZOR BLADES		
Sharp edges	Bad cut. Blade wrapped in a soap paper in hotel was picked up by maid, crushed in hand	Wrap in paper blade came in. Place in box in which blades came in or provide box with slot in top. When full, seal slot, mark "caution."
LIVING CONDITIONS		
a) Disorder	Concussion from fall over carpet sweeper left out of place	Always put back in proper place at once all equipment, tools, knives, cleaning materials, etc.
	Bad fall at night over card table in middle of floor after party	Replace furniture after using — arrange furniture for clear passageway.
b) Lack of neatness	Broken wrist, slipped on grease	Immediately wipe up spilled grease.
	Baby choked from swallowing a pin	Pick up all pins after sewing
MENTAL STATES		
a) Inattention	Overcome with escaping gas when milk boiled over and extinguished gas flame	Train yourself to keep your mind on your work. Realize accidents occur when mind is off guard. Be alert.
b) Poor judgment	Infant choked on peas when given full pods to play with while mother was shelling	Use foresight in the selection of objects to amuse an infant.
c) Tension	Child burned from overturned coffee when mother hurried him	Control through making patient aware — suggest a health examination. States of nervous tension and anger cause accidents. Control by good hygiene and relaxation.

PROTECTION

Children Are Victims of a Large Per Cent of Fatal Home Accidents

<i>Accident</i>	<i>Some Causes</i>
SUFFOCATION	<p>Mother falling asleep while nursing baby</p> <p>Baby sleeping with others</p> <p>Heavy, clumsy, insecurely fastened and too confining covers</p>
CHOKING	<p>Swallowing beans, buttons, marbles, safety pins, parts of toys and rattles</p>
BURNS	<p>Bathing child in hot water or too near hot water faucets or stove</p> <p>Projecting handles of utensils on stove</p> <p>Spilling hot food, hot liquids, or overturning lighted oil lamps</p> <p>Pails of hot water on floor</p> <p>Matches</p> <p>Unsafe, unprotected electrical appliances, stoves, irons, heaters, outlets, oil stoves, overheated wood and coal stoves</p> <p>Over exposure to sun rays</p>
FALLS	<p>Unguarded in crib, high chair or carriage</p> <p>Unguarded top of table</p> <p>Unprotected windows</p> <p>Stairways, porches, and steps</p> <p>Ladders and high places</p>

FOR CHILDREN

The Majority of Home Accidents of Children Can Rightly Be Charged to Adults

Prevention

Keep awake while nursing infant

Have baby sleep alone always

Provide firm mattress or folded blanket under baby—no pillow. Fasten covers securely or use safe sleeping bag

Keep small objects away from children

Check temperature of water. Protect from hot water faucets and hot stoves

Turn pot handles in

Have table covers only to edge of table. Keep hot foods, etc. out of reach of children.

Guard pails of hot water

Keep matches in metal container in safe place

Repair defective equipment. Guard against hot stoves. Keep children out of kitchen during meal preparation

Caution regarding leaving children in sun for long period

Keep sides of crib up. Select crib with narrow spacing of rods. Fasten child securely in high chair or carriage

Protect child if bathing on table

Screen or bar open windows

Place gates at top and bottom of stairs and porch openings

Train child how to climb

*Emergency Care Until Doctor Arrives**

Remove constricting clothing immediately

Keep child quiet in well ventilated room

If object is visible try to remove immediately with care to avoid injuring child. Child may be inverted—lifted up by his feet

Cover slight burns with sterile gauze or clean cloths soaked with bicarbonate of soda

In severe burns cut away clothing unless skin is adherent. Do not apply any greasy substances. Avoid chilling

If bruised, apply cold compresses
If cut apply sterile or clean dressing
Stop bleeding

* In severe accidents have doctor called at once. In any accident have doctor see child.

PROTECTION

Accident
INJURIES AND WOUNDS

Some Causes
Running with sharp object in mouth
Putting small objects in nose and ears

Stepping on broken glass, opened tin cans, razor blades, tacks, pins, needles
Careless use of scissors, knives, etc.

POISONING (Not Gas)

Dangerous medicines, germicides, insecticides, lye, etc.

Lead paint on cribs and toys

INJURIES TO NASAL PASSAGE,
EARS AND EYES

Putting small objects as listed above in nose and ears. Falling on or sticking sharp object in eye

SHOOTING

Playing with firearms and explosives

ACCIDENTS IN THE YARD

MOTOR VEHICLE

Inattention in driving car

Playing in street

INJURIES

Stepping on nails in boards, broken wires, and glass

Climbing trees, ladders, poles, etc.

Overturning bird bath

DROWNING

Falling into garden pool and striking head against stones

Falling into cisterns or wells

ANIMAL BITES

Teasing or playing with dogs, cats, etc.

FOR CHILDREN

Prevention

Keep pencils, sticks, other sharp and small objects away from children. Train not to put sharp pointed objects in mouth or near eyes

Place all dangerous articles out of reach of children. Dispose safely of glass, etc.

Destroy unused dangerous medicines. Label all poisonous substances plainly. Keep all poisonous substances in locked cabinet out of reach of children

Purchase crib and toys with safe paint or use lead free paint for redecorating. If child persistently sucks crib, tape bars with adhesive

Keep floor, crib, play pen clear of all small objects and sharp articles

Always unload and store firearms with ammunition in safe place. Store explosives carefully

Make sure children are not in driveway when driving car in or out of garage

Train children not to run into street for ball or in playing

Keep yard free of sharp objects

Teach children dangers of climbing

Anchor bird bath top firmly to prevent overturning

Provide adequate play yard. Keep children away from pools, swamps unless accompanied by adult

Cover wells and cisterns securely

Keep children away from strange dogs and cats. Teach children dangers of teasing animals

*Emergency Care Until Doctor Arrives**

Remove if possible. Keep child as quiet as possible

Stop bleeding by pressure or elevation of wounded extremity—apply dry sterile or clean dressing

Give antidote immediately

Stop bleeding. Apply sterile or clean, dry dressing. Keep child as quiet as possible

If severe injury do not move child unnecessarily. Keep warm

Dress injury
See doctor immediately because minor injuries of this type may cause lockjaw

Keep warm and quiet

Wash wound under running water—apply clean gauze

* In severe accidents have doctor called at once. In any accident have doctor see child.

PROTECTION

The Largest Number of Fatal Home Accidents Occur
among the Aged

	<i>Accidents</i>	<i>Some Causes</i>
FALLS		<p>Slippery walks</p> <p>Slippery floors, toys and objects on floor, insecure rugs, cluttered stairs</p> <p>Stairs without handrail</p> <p>Slippery bathtub</p> <p>Poorly lighted stairways, halls, and rooms</p> <p>High beds</p> <p>Defective ladders and scaffolds</p> <p>Defective eyesight, hard of hearing</p> <p>Exposure to extreme heat</p>
POISONING		<p>Contaminated foods</p> <p>Dangerous medicines, germicides and other poisonous substances</p>
POISONING (Gas)		<p>Improper care of fires</p> <p>Inadequate ventilation</p> <p>Running motor in closed garage</p>
BURNS, SCALDS, EXPLOSIONS		<p>Grasping hot objects</p> <p>Ignition of clothing</p> <p>Lighting of fires</p> <p>Spilling boiling liquids</p> <p>Inflammable liquids</p>

OF THE AGED

Predisposing Factors: Senility, Lessened Agility, Impaired Vision, Brittle Bones, Low Vitality

Prevention

Keep sidewalks free of ice
 Orderly housekeeping
 Handrail on stairways
 Grab bar in bathroom
 Sufficient light at all times, small night light or convenient switch
 Low beds or safe footstool
 Ladders in repair, discourage climbing
 Encourage the aged to recognize their limitations
 Avoid overexertion in hot weather
 Care in selection, preparation and storage of food
 Keep medicines and poisonous substances in locked cabinet or out of reach—mark plainly
 Keep chimneys clean
 Adjust dampers in coal stoves so gas will escape through chimney
 Keep gas range in safe place and good repair to avoid extinguishing
 Keep rooms, heated by oil or gas heaters, well ventilated
 Caution to always leave door open
 Use holders for hot handles, etc.
 Caution regarding danger of lighting fires with kerosene
 Keep away from flames
 Care in carrying pails of hot liquids
 Keep away from inflammable liquids

*Emergency Care Until Doctor Arrives**

Place patient in comfortable position
 Do not move more than is absolutely necessary
 Keep warm. Watch for shock. Apply cold compresses to bruises
 Dress injury with sterile or clean cloth
 Stop bleeding by pressure

Give antidote for specific poison

Remove to fresh air immediately

Watch for shock

Get patient into fresh air

Apply gauze soaked in soda bicarbonate solution. Cut away clothing from burned area. Do not disturb if skin adheres to clothing

* Call doctor immediately for severe accident. In any accident have doctor see patient.

PERSONAL FACTORS WHICH PREDISPOSE TO HOME ACCIDENTS

The public health nurse can make her most important contribution to the home and farm safety program by seeing an accident before it happens and preventing it. She, as well as the physician, can assist in preventing accidents to the handicapped, by helping them and their families to foresee hazards and correct them.

Conditions in a home which are conducive to accident occurrence either in the physical structure of the house, type of equipment, maintenance of equipment, or housekeeping are doubly hazardous where there are sick or aged persons.

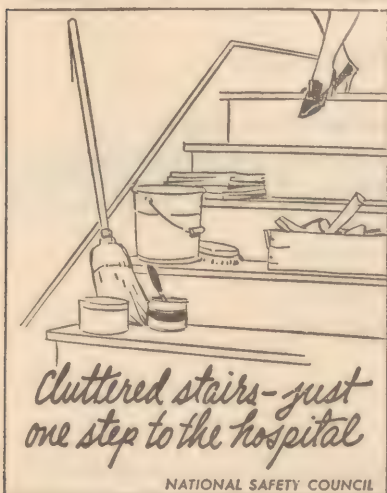
In the case of certain illnesses such home hazards are extremely serious. People with diseases of the heart and blood vessels must realize their limitation and avoid hazards. In certain diseases of the central nervous system such as epilepsy, and also in psychoses, care and foresight must be used in protecting these patients from injury by falls and other accidents. The diabetic person and his family need to know the dangers of skin infections and gangrene from minor injuries.

Defective eyesight and hearing may predispose to home accidents and attention must be given to individuals with these conditions.

Cripples, as well as persons with chronic illnesses need protection and guidance, in adjusting to conditions in the home.

The periodic physical examination with subsequent correction of defects and treatment may well be considered an important phase of accident prevention.

UNSAFE *at* HOME



UNSAFE *at* HOME



TEACHING DEVICES

Suggestions for Use

One of the most familiar and effective devices for arousing interest in home safety is the check list for common hazards in the home. Several forms have been compiled by different organizations. The contents of the American National Red Cross check list is shown on page 20. A supply of these forms may be obtained from the local Chapter.

The methods of making a survey of home hazards may vary. In some homes a suggestion may be made to the family to secure a form from the Red Cross Chapter, Home Bureau or other organization interested in the project. In other homes, the housewife may request assistance of the public health nurse in making the inspection. The latter approach will give the nurse an opportunity to discuss the hazards found and help with the elimination of dangers.

The family safety council is another project which has been used successfully in some communities. The diagram on page 21 will be helpful in planning with families who show interest in working it out together. It can be simplified to meet the needs of the family and should arouse the interest and participation of all members of the household.

The home safety cartoons pictured on pages 18, 19, 22, and 23 will be useful in connection with family teaching. A booklet containing additional drawings is available on request.

Some of the pamphlets listed under educational materials on page 27 may be secured for distribution in the homes.

UNSAFE at HOME

RALPH MOSES



*A spark
is all that's needed*

NATIONAL SAFETY COUNCIL

UNSAFE at HOME

RALPH MOSES



NATIONAL SAFETY COUNCIL

COMMON HOME HAZARDS*

*Check List of HAZARDS in and about the HOME Issued by
THE AMERICAN NATIONAL RED CROSS*

Yes No

1. Falls and Broken Bones

- — Are stairs clear of toys and other household articles?
- — Are stairways well lighted?
- — Are small rugs secured against slipping?
- — Is ice cleared from steps and walks?
- — Are porch railings and floors sound?
- — Are bicycles, play apparatus, etc., in good repair?

2. Burns and Scalds

- — Are hot containers on stoves beyond reach of small children?
- — Are small children protected from tubs of hot water?
- — Are matches kept from little children?
- — Is screen used at fireplace?
- — Are chimneys cleaned regularly?
- — Is woodwork protected from stove pipes?
- — Is trash disposed of promptly?
- — Are attic and basement clear of rubbish?
- — Are plans made in case of fire?

3. Electric Shock

- — Are electrical appliances in good condition?
- — Are worn and broken cords promptly discarded?
- — Are installations and repairs made by competent persons?

Yes No

4. Asphyxiation & Suffocation

- — Are gas burners adjusted for proper combustion?
- — Are all gas connections substantial?
- — Are garage doors always open when starting automobile engine?
- — Is bedding secured against possible smothering of baby?

5. Cuts and Infection

- — Are toys with sharp points and edges discarded?
- — Are sharp-edged tools kept away from small children?
- — Is skillful use of knives and other tools learned?

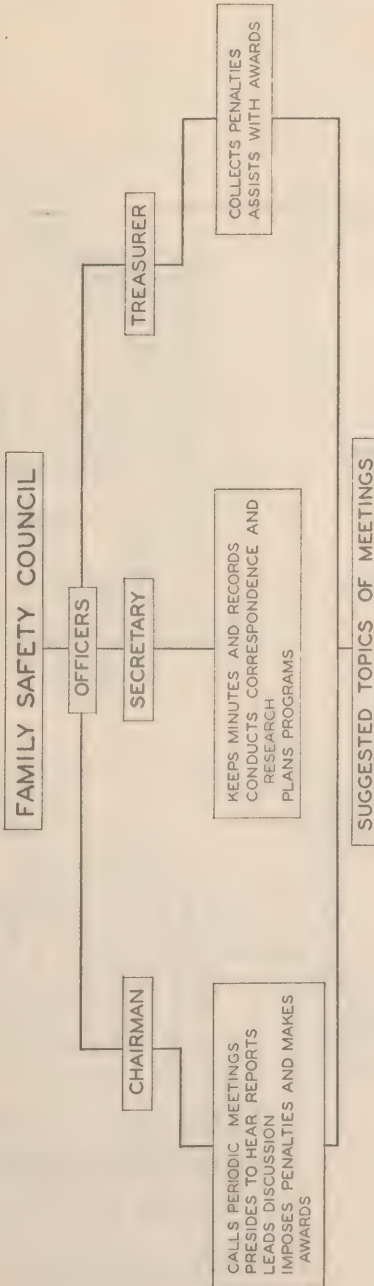
6. Poisonings

- — Are all poisons separately stored?
- — Are poison containers clearly identified?
- — Are medicines separately stored?
- — Are unused medicines promptly discarded?

7. Gunshot Wounds

- — Are firearms about premises unloaded?
- — Are all firearms out of reach of young children?
- — Are they always handled as if loaded?

* You may want to check answers with pencil and change as corrections are made.



- 1 STORY FROM SAFETY MAGAZINE
- 2 CHECK LIST DISCUSSION: REPORT OF HAZARDS DISCOVERED AND CORRECTED
- 3 DISCUSSION OF ACCIDENTS IN FAMILY AND HOW THEY MIGHT HAVE BEEN AVOIDED
- 4 PENALTIES DECIDED UPON FOR CARELESSNESS
- 5 AWARDS AGREED UPON FOR ACCOMPLISHMENTS
- 6 EMERGENCY TRAINING

- A FIRST AID
- B FIRE PREVENTION
- C FIRE FIGHTING



BURNS



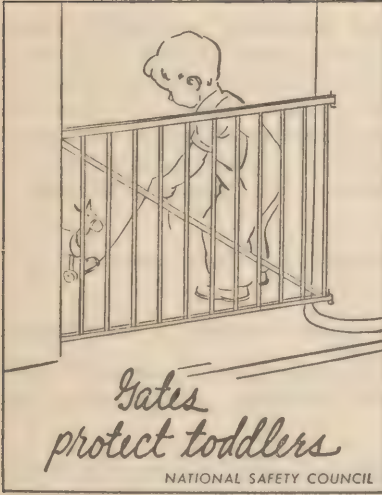
BURNS



POISONING



SUFFOCATION



FALLS



SHOCK



CUTS



INJURIES

ORGANIZATION AND GROUP TEACHING

Community Safety Program

Home safety should be the concern of everyone. The public health nurse by virtue of her place in the community has an excellent opportunity to promote understanding of the need for community participation in a home safety program.

The responsibility for initiating and organizing community action may be assumed by the health officer or any other interested individual or group. He may call together representatives of local government, civic and service organizations, social agencies, schools, and churches. This group would serve as an advisory planning committee and select members for the program, publicity, and arrangements, committees to organize a local home safety conference. The purposes of such a conference are:

- (1) To focus attention on the seriousness of the local home and farm accident situation
- (2) To provide an opportunity for open discussion of the problem
- (3) To provide an opportunity for the organizations concerned with home and farm safety to help plan and participate in community programs of safety work
- (4) To provide a permanent arrangement whereby groups of organizations can adequately plan their respective programs of safety in relation to the community situation in its entirety.

Some of the community projects which can be expected from organized effort are: safety programs in organizations and community groups; publicity campaigns in safety education; community surveys; and Red Cross Home and Farm Accident Prevention Classes. (See page 26.)

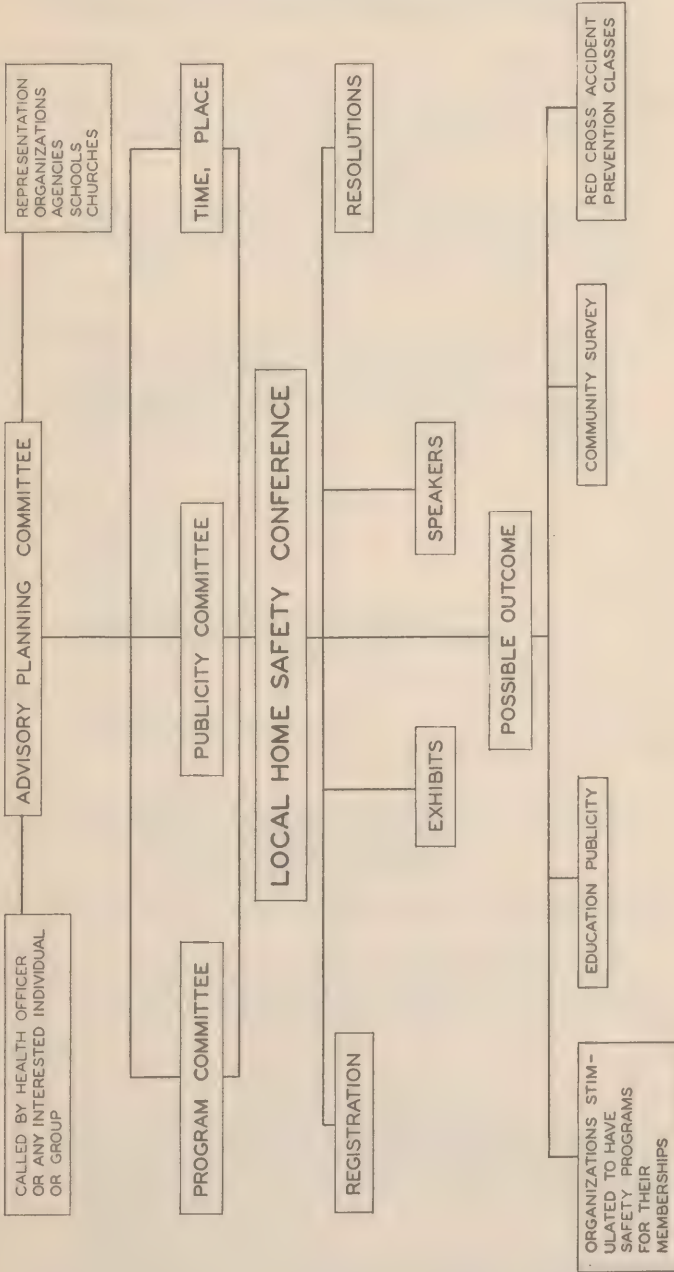
These above suggested steps in organization of a home safety conference are outlined in the diagram on the opposite page.

In addition to stimulating community action the public health nurse can offer suggestions for radio programs, motion picture showings, lectures, and exhibits. The home safety program in New York State is going forward largely through organizations.

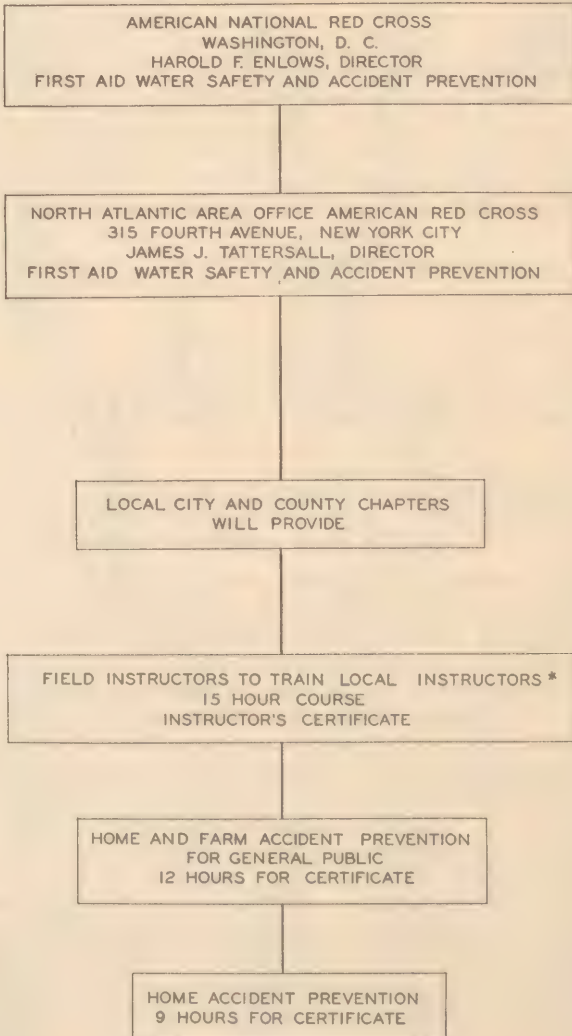
The Grange, Home Bureau, Parent Teacher Associations, the youth groups, 4-H Clubs, Boy Scouts, Girl Scouts, and Juvenile Grange are carrying on programs to inform their memberships about home and farm safety. All organizations, service clubs, and community groups may well make the subject of home safety a part of their program.

The public health nurse can do her part in community education by urging every organization in the area which she serves to appoint a home safety committee and to work for the education of the memberships.

ORGANIZATION OF HOME SAFETY CONFERENCE



THIS TRAINING IS AVAILABLE IN HOME AND FARM
ACCIDENT PREVENTION IN EVERY COMMUNITY



*NOTE HANDBOOKS FOR INSTRUCTORS: PAMPHLETS FOR CLUB LEADERS AND HOME AND FARM
ACCIDENT CHECK LISTS WILL BE PROVIDED

EDUCATIONAL MATERIAL
FOR USE IN
HOME AND FARM SAFETY PROGRAMS
Secure through Division of Public Health Education,
of the New York State Department of Health

Exhibits

- Twenty poster panels (shipped in lots of three)
- Useful in conferences and for window exhibits
- Home Safety—convention exhibit (requires truck to transport)

Motion Pictures

Safety in the Home	1 reel	sound	16mm.
Sentinels of Safety	1 reel	sound	16mm.
Electrical Safety	2 reels	silent	16mm.
Four Point Safety Home	1½ reels	sound	16mm.

Talking Slide Films (15 minutes each)

- Hand Helpers
- Seven Million Hands
- Treasure Chest
- Let's Be Friendly (farm animals)
- Strictly Personal

Illustrated Lectures

- Lantern Slide Talk
 - by W. Graham Cole, Metropolitan Life Insurance Company
 - New York City
- Home Groan (easel chart lecture)
 - Travelers Insurance Company
 - Hartford, Connecticut
- Home Groan (45 Kodaslide with lecture transcribed)

Electrical Transcriptions of "Health Hunters" Radio Plays

- Twenty-five subjects related to home and farm safety

Pamphlets

- Prevent That Accident (home safety)
- Doctors Fight Accidents (for physicians)
- Home Safety—a manual for Public Health Nurses
- Home Safety—a manual for Architects and Builders
- Architects Check List on Home Safety (mimeographed)
- How Safe is Your Home (a home accident survey form)
- Stop Farm Accidents
- Portfolios containing home safety literature prepared by other organizations are available for loan to public health nurses

REFERENCES

- THE PUBLIC HEALTH NURSE AND HOME SAFETY Rosebelle Jacobus, *Public Health Nurse*, November, 1928, p. 561
- THE VISITING NURSE AND THE HOME SAFETY CAMPAIGN Martha P. Langley, R.N., *Public Health Nurse*, February, 1929, p. 83
- SPRING CLEANING FOR SAFETY *Public Health Nursing*, March, 1931, p. 151
- HOME SAFETY Rosamond Losh, executive secretary, Children's Bureau, Kansas City, Missouri, *Public Health Nursing*, June, 1931, p. 290
- THE HOME ACCIDENT PROBLEM Gertrude Zurrer, R.N., *Public Health Nursing*, July, 1932, p. 400
- ACCIDENT HAZARDS — (Excerpt from Rehabilitation Review) Dr. Hart E. Fisher, *American Journal of Nursing*, November, 1936, p. 1118
- THE NURSE IN ACCIDENT PREVENTION W. Graham Cole, director of safety, Metropolitan Life Insurance Company, *Public Health Nursing*, February, 1937, p. 78
- THE ROLE OF THE HEALTH DEPARTMENT IN THE PREVENTION OF ACCIDENTS Dr. Edward S. Godfrey, Jr., commissioner, New York State Department of Health, *American Journal of Public Health*, February, 1937
- WOMEN'S PART IN INDUSTRIAL SAFETY Julia A. Wider, R.N., *Public Health Nursing*, July, 1937, p. 418
- EDUCATION IN SAFETY OR SAFETY IN EDUCATION—(Editorial) Stephen G. Rice, *The Journal of Educational Sociology*, September, 1937, p. 4
- THE PUBLIC HEALTH NURSE IN HOME ACCIDENT PREVENTION John Melpolder, consultant on accident prevention, American National Red Cross, *Public Health Nursing*, February and March, 1938
- THE NURSE CAN REDUCE HOME ACCIDENTS Alma C. Haupt, R.N., *Safety Magazine*, February, 1940, p. 38

REFERENCES

- THEY "DIDN'T THINK" D. Bacon, *Public Health Nursing*, June, 1940, p. 353
- ACCIDENT PREVENTION AND FIRST AID — (Free and inexpensive pamphlets and charts) *American Journal of Nursing*, April, 1941, p. 458
- ACCIDENTS IN THE HOME Alma C. Haupt, R.N. and W. Graham Cole, Metropolitan Life Insurance Company, *American Journal of Nursing*, April, 1941, p. 391
- SAFETY IN THE HOME—(Practical suggestions to public health nurses) Report of subcommittee on Home Safety of APHA Committee on Hygiene of Housing, *Public Health Nursing*, August, 1941
- THE NURSE AND FIRST AID Ralph C. Pendleton, M.D., *American Journal of Nursing*, August, 1941, p. 916, and September, 1941, p. 1047
- STUDY OF HOME ACCIDENTS: THEIR PUBLIC HEALTH SIGNIFICANCE Donald B. Armstrong, M.D., Sc.D., and W. Graham Cole, *American Journal of Public Health*, November, 1941
- FIRST AID IS TOO LATE—(Radio skit and round table) *Public Health Nursing*, January, 1942, p. 17
- HOME DEFENSE AGAINST ACCIDENTS R. L. Lee, *Hygeia*, February, 1942, p. 106
- KILLED IN ACTION Mildred D. Shelley, *Hygeia*, April, 1943
- SAFETY ON THE HOME FRONT L. Marguerite Scudder, R.N., *New York State Nurse*, April, 1943, p. 37
- THE DANGER OF BOTULISM Ivan C. Hall, *American Journal of Public Health*, July, 1943, p. 818
- HURT AT HOME—(Cook County hospital survey) National Safety Council, 20 N. Wacker Drive, Chicago, Ill.
- ANXIETY AND ITS CONTROL
FATIGUE AND ITS CONTROL
MORALE AND ITS CONTROL Three booklets, available free of charge, from the New York State Department of Mental Hygiene, Albany, New York

SUGGESTED OUTLINE FOR HOME SAFETY DISCUSSION

1. Statement of home accident problem in the nation, state, and community in relation to:
 - a) Loss of life and disabling accidents
 - b) Importance of individual and community participation in home safety
2. Give illustration of one or more recent accidents in the home. Stress the high rate of home accidents which exceed all other types of accidents in New York State.
3. Principal types of home accidents in order of frequency of occurrence
 - Falls causing fractures, concussions, and injuries exceed all others—highest cause in ages sixty-five and over
 - Burns, highest cause in children up to fourteen years
 - Poisonous gas
 - Mechanical suffocation, highest cause in children under five
 - Poisoning and firearms
4. Factors influencing home accidents
 - Age groups—highest rate in children and the aged
 - Dangerous months
 - Faulty repairs
 - Disorderly housekeeping
 - Defective tools, appliances and machinery
5. How to maintain home safety
 - Design of house
 - Keep up repairs of house, electrical appliances, tools
 - Become safety conscious
 - Acquire skills—know how to do things
 - Be orderly—good housekeeping
 - Protect children and aged persons
6. Devices for home safety program
 - Check list—inspect the home each season and make repairs
 - Family safety council—interest the family in setting up a council
7. Community organization
 - Study groups—(ARC home safety classes)
 - Lectures, motion pictures, exhibits
 - Secure cooperation of professional groups, teachers, doctors, nurses, utility groups (water, gas, electricity), community organizations, Home Bureau, Grange, service clubs, etc.
 - Development of Home Safety Conference for community organization

Home Safety is the most fruitful field for increasing the well being of the individual, the community.

HOUSEHOLDERS' PLEDGE

In recognition of the 30,000 deaths which annually occur from accidents within the home of which the chief are falls, burns, and poisons, I pledge to my State and Nation that I will work to prevent accidents in my home.

- 1) I will make a seasonal inspection of accident hazards, using a check list;
- 2) I will remove each hazard found or put up a warning;
- 3) I will use care in all household supervision especially to avoid burns and poisonings to children and to protect older persons from falls.

Signed.....

HOW TO USE ABOVE PLEDGE

Have organizations print or mimeograph pledges for the membership of the organization. Let each signer keep his pledge and display it, as a reminder.

GRANGE SAFETY PLEDGE

We, the undersigned members of Grange of County, agree to assume, during the war emergency, a special responsibility to keep on the production line.

We pledge ourselves to think of the safe ways to manage about all farm and home operations, to instruct in safety, our young children, our newly employed help, and others who come to the farm or home to work with us.

We resolve to have fewer accidents in order to conserve the time of physicians, nurses, and hospitals, and to keep, at the highest point, our own production of foodstuffs to win the war.

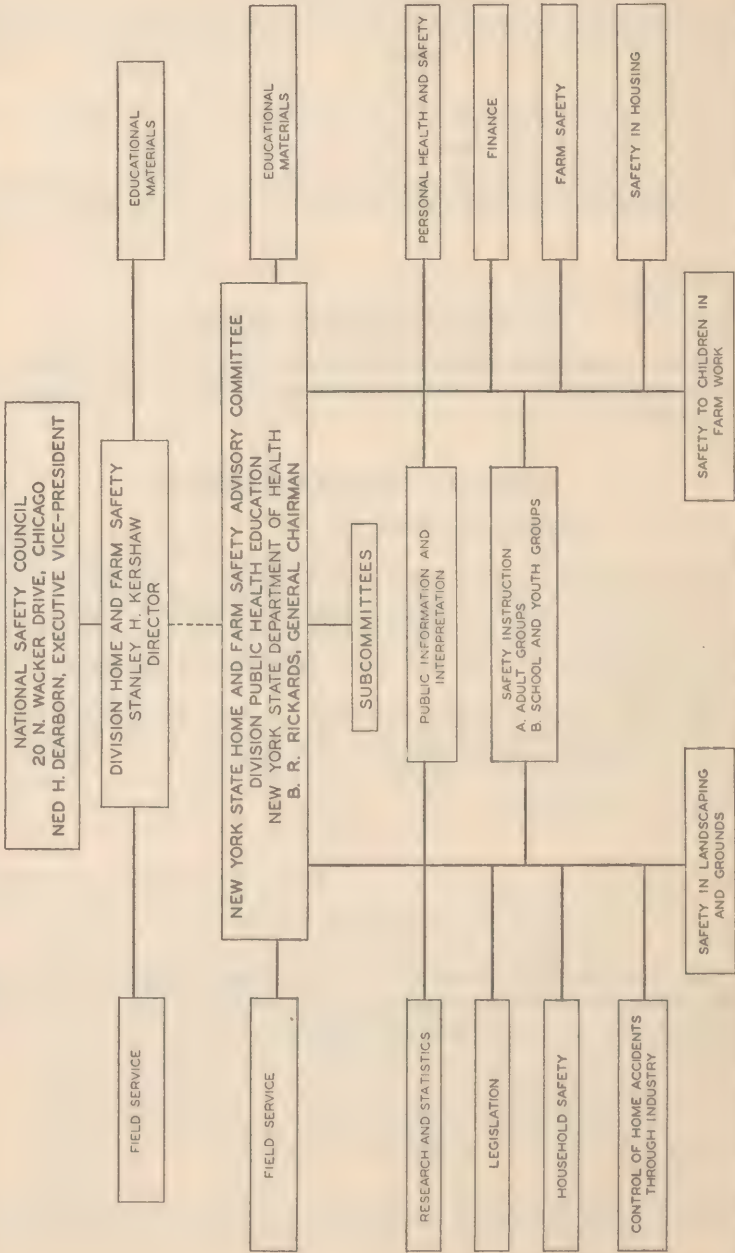
Signatures of members:

.....

How USED

The above pledge is posted on a Bulletin Board in the Grange meeting place with signatures of members added until all have signed it. The pledge then is kept on display as a reminder.

ORGANIZATION OF NATIONAL AND NEW YORK STATE HOME AND FARM SAFETY WORK



This manual is presented to the public health nurses of New York State to offer suggestions which will help them to assist in the program of home safety.

The material, for the most part, was written and compiled by Mrs. Ethel Hendriksen of the Division of Public Health Education, and Miss Mary McCormick of the Division of Public Health Nursing.

We are indebted to Mr. Howard J. Blanchfield and Mr. Nicolas Apgar of the Division of Public Health Education for the format and the diagrams included in the booklet.

Acknowledgment is given also for the assistance of the following organizations in reviewing the material: National Organization for Public Health Nursing, Metropolitan Life Insurance Company, American National Red Cross, Good Housekeeping Institute, and the Russell Sage Foundation.



PROPERTY OF THE
**NATIONAL
LIBRARY OF
MEDICINE**

NATIONAL LIBRARY OF MEDICINE



NLM 02143750 5